		44500	B. WIN	lG
		445268	1	11/16/2011
	ROVIDER OR SUPPLIER ON HEALTH AND REI	HABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 731 CASTLE HEIGHTS COURT LEBANON, TN 37087
D IX	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	
76 •D	483.10(n) RESIDE DRUGS IF DEEMI	ENT SELF-ADMINISTER ED SAFE	F 1	76 F 176 Resident Self-Administrator Drugs If (スータ)~(
	the interdisciplinar	ent may self-administer drugs if y team, as defined by as determined that this		The facility will ensure all residents may self- administer drugs if the interdisciplinary team has determined that this practice is safe.
	by: Based on medical and interview, the f to determine the sa	NT is not met as evidenced record review, observation, acility failed to an assessment afety of self administration of ent (#1) of sixteen residents	50203.	1.) Resident #1 had an assessment to determine the safety of self-administration of drugs on 11/14/2011.  2.) The nursing administration team completed a 100% bedside audit of every resident's rooms to determine if there was any other medication that were at
	October 11, 2011, v	ed: imitted to the facility on with diagnoses including eral Vascular Disease, and		the residents bedsides. The nursing administration team did not find any other medications at any resident's bedsides.
1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Diabetes Mellitus To Medical record revidetermine the residemedications.  Observation on November 1, revealed the relations in the bed with an inheresident.	ype II.  ew revealed no assessment to ent's ability to self administer  rember 14, 2011, at 10:12 esident sitting on the side of aler on the bed beside the  tor of Nursing (DON) on at 11:55 a.m., in the DON e resident had not been		3.) All license nurses were in serviced by 11/18/11, if a physician writes an order for a resident to administer medication at bedside then a self-assessment needs to be completed by the nurse before giving the medication to the resident and documented on the residents care plan.  The DON or Designee will monitor all physician orders for a resident to administer medication at bedside and will review the charts of those residents to ensure a self-administration of
a	ssessed by the intended into the intended in t		F 2	medication is completed daily for four weeks, weekly for four weeks, and monthly for one month.
Cy s	statement ending with a s provide sufficient protice of survey whether or	ection to the patients. (See instructions.)	the inst	itution may be excused from correcting providing it is determined that for nursing homes, the findings stated above are disclosable 90 days homes, the above findings and plans of correction are disclosable 14 as are cited, an approved plan of correction is requisite to continued

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI	PLE CONSTRUCTION	(X3) DATE S	
			A. BUILDIN	G	001111	LILD
		445268	B. WING		14)	16/2011
	PROVIDER OR SUPPLIER  N HEALTH AND REI	IABILITATION CENTER	7	REET ADDRESS, CITY, STATE, ZIP CODE 31 CASTLE HEIGHTS COURT EBANON, TN 37087		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
	An individual reside the interdisciplinary \$483.20(d)(2)(ii), he practice is safe.  This REQUIREME by: Based on medical and interview, the feat of the to determine the seat drugs for one reside reviewed.  The findings include Resident #1 was accepted on the control of the con	ent may self-administer drugs if a team, as defined by as determined that this  NT is not met as evidenced record review, observation, acility failed to an assessment after of self administration of ent (#1) of sixteen residents  ed:  Imitted to the facility on with diagnoses including eral Vascular Disease, and ype II.  ew revealed no assessment to ent's ability to self administer  rember 14, 2011, at 10:12 esident sitting on the side of aler on the bed beside the	F 176	4.) The data collected from the aud given to the Director of Nursing tracking and trending to be press the Quality Assurance Committee meeting. Compliance of this system to be reviewed monthly by the Quantum Assurance committee consisting Medical Director, Administrator, of Nursing, Staff Development Coordinator, Medical Records, Pharmacist Consultant, Mainten Supervisor, Social Service Direct Activities Director, and Houseke Supervisor. Subsequent plans of correction will be developed and implemented as needed.	for sented at see stem will ality g of the , Director sance or, seping	12-09-11
	a.m., revealed the rithe bed with an inhate resident.  Interview with Direct November 14, 2011 office, confirmed the	tor of Nursing (DON) on at 11:55 a.m., in the DON e resident had not been erdisciplinary team for self				

deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that ar safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days wing the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 s following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued gram participation.

F 273

VM CMS-2567(02-99) Previous Versions Obsolete

483.20(b)(2)(i) COMPREHENSIVE

ORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Event ID: Pl6O11

Facility ID: TN9502

TITLE

If continuation sheet Page 1 of 31

(X6) DATE



NTE	RS FOR MEDICARI	& MEDICAID SERVICES	J.111011		BELLE & RELEAD	OMB NO	Ø1007/ . <b>0938-0391</b>
EMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) A A. BU		IPLE CONSTRUCTION	(X3) DATE S COMPLI	URVEY
		445268	B. WI	NG_		1111	612011
EOFF	PROVIDER OR SUPPLIER			STI	REET ADDRESS, CITY, STATE, ZIP CODE		- COLOTT
BANC	N HEALTH AND RE	IABILITATION CENTER			731 CASTLE HEIGHTS COURT LEBANON, TN 37087		
I) ID EFIX AG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAC	TX.	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	<b>IOULD BE</b>	COMPLETION DATE
273 S≃D	Continued From pa ASSESSMENT 14	age 1 DAYS AFTER ADMIT	F	273	F273 Comprehensive Assessment 1	L4 Days ·	12-09-11
	assessment of a re after admission, ex there is no significa physical or mental this section, "readn facility following a to	duct a comprehensive esident within 14 calendar days cluding readmissions in which ant change in the resident's condition. (For purposes of mission" means a return to the emporary absence for or therapeutic leave.)	,		The facility will conduct a compreh assessment of a resident with calendar days after admission readmissions in which there is significant change in the resid physical or mental condition.  1.) The facilities completed the	in 14 , excluding : no	
	by: Based on medical the facility falled to Minimum Data Set	record review and interview complete a comprehensive (MDS) assessment within mission for two (#9, #6) of eviewed.	si¥6		comprehensive MDS assessment Resident #9 on 11/16/2011.  The facility completed the completed the completed the complete for Resident 11/16/2011.	nprehensive #6 on	κ.
	The findings include Resident #9 was ad October 5, 2011, an 2011, with diagnose Cerebrovascular Ac	ed: Imitted to the facility on ad readmitted on November 2, es Including Fractured Femur, acident, Pneumonia, Urinary			2.) The Regional Care Coordinator an audit of all admission within 30 days to determine if there other 14 comprehensive assess complete. All assessment was 11/21/2011.	n the last were any sment not current by	
1	a comprehensive Massessment had be	ew revealed no documentation inimum Data Set (MDS)			3.) The MDS nursing administration was in serviced on making sure are completed within 14 calen after admissions on 12/02/201  The Regional Care Coordinator of designee will be reviewing the topic administration of the service with the service will be reviewed to the service will be re	e all MDS dar days 1. or lckler to	
8	with Registered Num he MDS office, conf	se #3 (MDS Coordinator), in firmed the comprehensive MDS) assessment had not			make sure all admission assessm completed within the 14 calenda five days a week for one month, for four weeks, and monthly for month.	ar days weekly	2
254.000	*	×		- 1			

	S FOR MEDICARE OF DEFICIENCIES	& MEDICAID SERVICES	<b></b>	OMB N	KM APPROVEL 10. 0938-0391
PLAN OF	CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDI	I con	E SURVEY IPLETED
	· · · · · · · · · · · · · · · · · · ·	445268	B. WING.	. }	1/16/2011
	OVIDER OR SUPPLIER HEALTH AND REH	ABILITATION CENTER		TREET ADDRESS, CITY, STATE, ZIP CODE 731 CASTLE HEIGHTS COURT LEBANON, TN 37087	1/16/2011
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE
In Max In 16 coast	lovember 1, 2011, permentia, Pyeloner of Pyeloner	mitted to the facility on with diagnoses including obritis, and Urinary Tract we revealed no documentation DS assessment had been tered Nurse #3 on November .m., in the MDS office, rehensive Minimum Data set been completed.  (1) DEVELOP CARE PLANS  The results of the assessment and revise the resident's	F 279	given to the Director of Nursing for tracking and trending to be presented at the Quality Assurance Committee meeting. Compliance of this system will be reviewed monthly by the Quality Assurance committee consisting of the Medical Director, Administrator, Director of Nursing, Staff Development Coordinator, Medical Records, Pharmacist Consultant, Maintenance Supervisor, Social Service Director, Activities Director, and Housekeeping Supervisor. Subsequent plans of	12-09-11

TEMEN	OF DEFICIENCIES	E & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTI	PLE CONSTRUCTION	(X3) DATE	0. 0938-0391 SURVEY
PLAN C	F CORRECTION	IDENTIFICATION NUMBER:	A BUILDIN	G	COMPL	.ETED
		445268	B. WING	<u> </u>	11/	16/2011
	ROVIDER OR SUPPLIER N HEALTH AND RE	HABILITATION CENTER	7.	EET ADDRÉSS, CITY, STATE, ZIP CODE 31 CASTLE HEIGHTS COURT EBANON, TN 37087	, ,	
X4) ID REFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 279	by: Based on medical the facility failed to address a fall prev	record review and interview update an initial plan of care to ention intervention for one ixteen residents reviewed.	F 279	The DON or designee will review al residents charts that have a pressu alarm added that is reported on the hour report daily times four weeks, weekly for four weeks, and monthitimes one month.  4.) The data collected from the aud be given to the Director of Nursi	re pad e 24 y	
281 SS=E	Resident #15 was November 15, 201 Pneumonia, Metas Diabetes Mellitus, Hypertension.  Interview and medifacility Staff Develor nurse's desk on Noa.m., revealed that confused upon adralarm was attached unassisted transfer time confirmed that updated to reflect the 483.20(k)(3)(i) SEFPROFESSIONAL SThe services providented to the services p	admitted to the facility on 1, with diagnoses including tatic Pancreatic Cancer, Generalized Weakness, and cal record review with the pment Coordinator, at the pwember 16, 2011, at 10:10 the resident had been nission and a pressure pad d to the wheel chair to prevent s. Continued interview at this t the plan of care was not the pressure pad alarm. RVICES PROVIDED MEET	F 281	tracking and trending to be pres the Quality Assurance Committee meeting. Compliance of this sys be reviewed monthly by the Qua Assurance committee consisting Medical Director, Administrator, of Nursing, Staff Development Coordinator, Medical Records, Pharmacist Consultant, Mainten Supervisor, Social Service Director Activities Director, and Houseke Supervisor. Subsequent plans of correction will be developed and implemented as needed.  F281 Services Provided Meet Profess Standards  The facility services will provide or as	ented at tee tem will ality of the Director ance or, eping f	12-99-11
	This REQUIREMENT THIS R	record review, observation, acility failed to follow or five residents (#1, #6, #8, develop a care plan to		by the facility must meet profes standards of quality.	ssional	

ENTE	IMENT OF HEALT	HĀNU HŪMĀN SĒRVĪCĒS """ RE & MEDICAID SERVICES	AIR NOMA		FURM APPROVED
TEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN B. WING	IPLE CONSTRUCTION (X3	MB NO. 0938-0391 ) DATE SURVEY COMPLETED
		445268	. D. WING _		11/16/2011
	SUMMARY S' (EACH DEFICIEN	HABILITATION CENTER  FATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	7	PREET ADDRESS, CITY, STATE, ZIP CODE  31 CASTLE HEIGHTS COURT  LEBANON, TN 37087  PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE	BE COMPLETION
			400 10000	DEFICIENCY)	
F 281	address the need residents reviewed. The findings included the resident #1 was a October 11, 2011, Pneumonia, Perip Diabetes Mellitus. Medical record revidated October 17, Cipro (antibiotic) 5 BID (twice daily) for diagnoses of Pneuprotocol, and Accultate (at bedtime).	s of one resident (#4) of sixteen d.  ded:  ded:  ded:  dedinitted to the facility on with diagnoses including heral Vascular Disease, and Type II.  view of the Admission Orders 2011, revealed an order for 00mg (milligram) 1 tab (tablet) or fourteen days with a monia, Sliding Scale per achecks AC (before meals) and	F 281	1.) Resident #1 was discharged 11/19/2011. Medication Variances w completed 11/01/11 for the patient addressed with the nurses that were involved with her care on the dates thad medication errors.  Resident #6 was discharged on 11/25/2011. Medication variances w completed on 11/18/2011 for the midose of Aricept and Diflucan.  Resident #8 was discharged on 10/20/2011. Medication Variance w completed for the Lovenox not administered.	ras and hat ere ssed
	Administration Rec 2011, revealed Cip fourteen days. Fur revealed first dose until October 18, 20 Medical record revealed form date October 18, 9:00 p. 11:30 a.m., October 18, 9:00 p. 11:30 a.m., no dowere completed.  Observation on Novement, in the resident sitting on the side of Resident #6 was addressed to the side of the sid	ew of the Blood Glucose d October 2011, revealed on m., October 24, 7:00 a.m. and r 27, 7:00 a.m., and October ocumentation the accuchecks //ember 14, 2011, at 10:12 t's room, revealed the resident		Resident #5 was discharged on 11//22/2011. Medication Variances of completed for the Lovenox.  Resident #9 was discharged on 11/21/2011. The nurse received a TC order from the physician on 11-13-12 give two tablets instead of one as a continue order.  The PICC line was added to Residents care plan on 11/15/2011.	) L to one

		I ANU HUMAN SEKVIČES EBA & MEDICAID SERVICES	NUN HE.	ALTH & KEHAB	FURM OMB NO	APPROVED . 0938-0391
ATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU	ULTIPLE CONSTRUCTION  LOING	(X3) DATE S COMPL	URVEY
		445268	B. WIN	G	14/	16/2011
140	SÜMMARY STA	IABILITATION CENTER  STEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL, SC IDENTIFYING INFORMATION)	ID PREFI		CTION OULD BE	(X5) COMPLETION DATE
	Medical record revidated November 1, Aricept (treatment of Medical record revidated November 1, Aricept (treatment of Medical record revidated three med were administered at 10mg was not admit 2011, at 9:00 p.m.  Medical record revidated Novem revealed "Diflucar Medical record revidated Novem revealed Diflucan 10 and the first dose gi 9:00 a.m.  Observation on Novin the resident's rooisitting in the wheelcd Resident #8 was addiagnoses including Fracture Femur, and Accident (stroke).  Medical record revies Summary, signed by	ew of the Admission Orders 2011, revealed an order for of dementia) 10mg at bedtime. ew of the Medication ord dated November 1, 2011, ications ordered for 9:00 pm and one medication, Aricept inistered until November 2, ew of a Physician's Telephone aber 10, 2011, at 9:00 p.m. in 100 mg po daily X 4 days" ew of the Medication ord dated November 11, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2011, 2	F 2	21	orse, d Medical t by orders m the ations  11/21/2011 Cline was estaff was coment following ng orders orders and to be order.	
. 1		evealed the resident was to ticoagulant) for DVT	¥			

		I AND HUMAN SERVICES  & MEDICAID SERVICES	PANON I	ENTIL & KEHAB	FORM OMB NO	APPROVED 0. 0938-0391
TEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MI A. BUIL	ULTIPLE CONSTRUCTION LDING	(X3) DATE S COMPL	SURVEY
		445268	B. WIN	IG		16/2011
	SUMMARY STA	ABILITATION CENTER  TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIL TAG		CIP CODE  OF CORRECTION  CTION SHOULD BE  O THE APPROPRIATE	(X5) COMPLETION DATE
F 281	Administration Reco	ge 6 ew of the Medication ord dated October 23, 2011, failed to transcribe the e MAR and to clarify dosage	. F2		re in serviced by e there are two ssion orders and	
	Administration Recorevealed Coumadin at 5:00 p.m. and Lo DVT Prophylactic no October 28, 2011, ron October 27, 201  Review of facility do Contents revealed (Lovenox was availated).  Interview on Novemin the Director of Nu Nurse Consultant, cadminister the medi	becumentation Emergency Kit Clpro, Aricept, Diflucan and ble in the E-Kit (emergency ber 16, 2011, at 10:15 a.m., ursing office, with the Regional onfirmed the facility failed to cations as ordered for d #8, and complete the sliding		The nurses on 11-7 will chart check on all active sure all new medication transcribed correctly to are to make a copy of tattach to the pink TO or to validate orders were correctly.  The DON or Designee will admission MARS and MA orders to ensure the mergiven as ordered on all intimes four weeks, then 5 orders for four weeks, an new orders for one month	e charts to make n orders are the MAR. They he MAR and rders for the DON transcribed  If review new tass for new dication was ew orders daily 0% of new and then 10% of	
	October 1, 2011, wit Hip Fracture, History Accident, Hypertens Chronic Kidney Dise Medical record revie dated October 1, 20 to receive Lovenox (	mitted to the facility on h diagnoses including Left y of Cerebrovascular ion, Osteoporosis, and ease.  w of the physician's orders 11, revealed the resident was anticoagulant) 30 mg neously (by injection) for	24.			

		I AND HUMAN SERVICES  & MEDICAID SERVICES	·mvn nun	HILL & REHAD		APPROVED . 0938-0391
TEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT	TIPLE CONSTRUCTION  NG	(X3) DATE S COMPLE	URVEY
2000		445268	B. WING		111	16/2011
	PROVIDER OR SUPPLIER ON HEALTH AND REH	ABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 731 CASTLE HEIGHTS COURT LEBANON, TN: 37087		11/16/2011	
(X4) ID 'REFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
	Medication Administrevealed the Loven resident October 1-27, 2011.  Observation on Not revealed the reside Telephone interview 11:05 a.m., with Lic #4, revealed LPN # administration of the 2011. Continued in always available for the MAR, it "usually administered the medical the administration of and 23, 2011, and coadministered on October 10:00 the exception of initialed on October resident receiving situations.  Resident #9 was real	ew of the October 2011, stration Record (MAR) ox was administered to the 28, 2011, except on October wember 14, 2011, at 3:40 p.m., nt lying on the bed sleeping.  If on November 16, 2011, at ensed Practical Nurse (LPN) 4 was responsible for the a Lovenox on October 24, terview revealed Lovenox was administration, and if initialed indicated LPN #4 had edication.  If on November 16, 2011, with LPN #5 was responsible for fithe Lovenox on October 22 onfirmed the Lovenox was tober 22 and 23, 2011.  It is a confirmed the love of Nursing, in the loffice, confirmed the love of Nursing in Nursi	F 281	4.) The data collected fro audits will be given to the Direct Nursing for tracking and trending presented at the Quality Assurated Committee meeting. Compliant system will be reviewed monthing Quality Assurance committee on of the Medical Director, Admining Director of Nursing, Staff Development Coordinator, Medical Records, Pharmacist Consultant, Mainter Supervisor, Social Service Direct Activities Director, and Houseke Supervisor. Subsequent plans of correction will be developed and implemented as needed.	tor of ng to be nnce ce of this ly by the onsisting distrator, opment nance tor, eeping	
	November 2, 2011, \	with diagnoses including erebrovascular Accident,	-			

		AND HUMAN SERVICES  & MEDICAID SERVICES	MINOIN I	BALTI	. A KEHAB		Ø014/04 I APPROVED
TEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	AULTIPL	E CONSTRUCTION	OMB NO. 0938-0391 (X3) DATE SURVEY COMPLETED	
		445268	B. WI	NG		11/	16/2011
	PROVIDER OR SUPPLIER ON HEALTH AND REH	IABILITATION CENTER		731	T ADDRESS, CITY, STATE, ZIP CODE CASTLE HEIGHTS COURT BANON, TN 37087	11110/2011	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SI- CROSS-REFERENCED TO THE AP- DEFICIENCY)	OULD BE	COMPLETION DATE
F 281	Disorder.  Observation and re	y Tract Infection, and Bipolar view of one of twenty-four	F	281			
**   S	Controlled (Narcotic Hall Cart on Novem the Main Nursing Si two tablets of the na with Acetaminopher out as administered	be) Drug Records on the 200 aber 14, 2011, at 3:03 p.m., at tation with LPN #1 revealed arcotic, Hydrocodone 5mg a 325 mg tablet were signed to Resident #9 on November a.m., by Registered Nurse					
	the Controlled Drug revealed, "HYDR [Hydrocodone with A TABLET" with inst	Acetaminophen] 5MG-325MG ructions to give, "1 TAB EVERY 6 HOURS AS				8	
	3:15 p.m., at the 200 Nursing Station, con doses) instead of on narcotic, Hydrocodo 325 mg tablet were s	1 on November 14, 2011, at Hall Cart in the Main firmed two tablets (two e tablet (one dose) of the ne 5 mg with Acetaminophen signed out on November 13, as administered to Resident			* ************************************		
	order dated Novemb revealed, "Lortab [l Acetaminophen] 5/32	w of the signed physician er 2, 2011, for Resident #9 Hydrocodone with 25 mg 1 PO [by mouth] Q prn [as needed] for pain"				×.	
1	nterview with RN #1 1:25 p.m., at the Mai	on November 15, 2011, at n Nursing Station, confirmed					

		AND HUMAN SERVICES  & MEDICAID SERVICES	DAMON HEA	HDIR & KEHAB		4 APPROVED 0. 0938-0391	
TEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION	(X3) DATE S	SURVEY	
		445268	B. WING	•	11/	16/2011	1
	PROVIDER OR SUPPLIER ON HEALTH AND REH	ABILITATION CENTER		TREET ADDRESS, CITY, STATE, ZIP CODE 731 CASTLE HEIGHTS COURT LEBANON, TN 37087		,0,204,	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
F 281	two doses instead of Hydrocodone 5 mg tablet were signed of Resident #9 on Nova.m., (by RN #1) an not followed.  Resident #4 was ad October 4, 2011, an 11, 2011, with diagranemia, Anxiety, De Medical record revieorders dated Novem	of one dose of the narcotic, with Acetaminophen 325 mg out and administered to the modern 13, 2011, at 10:30 d the physician orders were mitted to the facility on direadmitted on November rosis including Pneumonia, ementia, and Lung Cancer. The work of readmission physician of the physician of	F 28	1			
SS=D	dated November 11, readmission revealed PICC Line.  Interview and medical Minimum Data Set (Inc.)  Inurse's desk on November 12, confirmed the picce 1483.25(h) FREE OF HAZARDS/SUPERV  The facility must ensenvironment remains as is possible; and experience 11.	ACCIDENT ISION/DEVICES ure that the resident as free of accident hazards	F 323	F323 Free of Accidents Hazards/Supervision/Devices The facility will ensure that the resident remains as free of hazards as is possible; and each receives adequate supervision assistance devices to prevent a	f accident n resident and	12-en-4	2
				1			

\*\*\* 4333 LEBANUN HEALTH & REHAB 1016/044 EPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED **:ENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-0391 ATEMENT OF DEFICIENCIES D PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING 445268 11/16/2011 WE OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 731 CASTLE HEIGHTS COURT **EBANON HEALTH AND REHABILITATION CENTER** LEBANON, TN 37087 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX ID PROVIDER'S PLAN OF CORRECTION (X5) . (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) F 323 Continued From page 10 F 323 1.) The alarm was turned at 10:10am on 11/16/2011 for resident #15. This REQUIREMENT is not met as evidenced 2.) The Administrator had a Resident Care by: Based on medical record review, observation, Specialist check every alarm in the facility and interview, the facility failed to ensure a safety to ensure all alarms were turned ON. device was in place for one resident (#15) of There were not issues identified. sixteen residents reviewed. 3.) The nursing staff and therapy The findings included: department were in serviced by 12/09/2011 to make sure all alarms are Resident #15 was admitted to the facility on turned ON when placing a resident in a November 15, 2011, with diagnoses including wheelchair. Pneumonia, Metastatic Pancreatic Cancer, Diabetes Mellitus, Generalized Weakness, and The DON or Designee will check the Hypertension. alarms to ensure they are ON daily for Observation at the nursing desk on November four weeks, weekly for four weeks, and 16, 2011, at 10:00 a.m., revealed a visitor yelling then monthly for one month. out "someone get a nurse." Continued observation at this time revealed resident #15 in the floor of the sitting area directly in front of the nurse's desk. Observation revealed a pressure pad alarm in the resident's wheelchair not alarming at the time of the fall. Interview with the facility Staff Development Coordinator, at the nurse's desk on November 16, 2011, at 10:10 a.m., revealed the resident

F 329

SS=D

had been confused after admission and the pressure pad alarm had been initiated to prevent unassisted transfers. Continued interview at this time confirmed that the pressure pad alarm was

483.25(I) DRUG REGIMEN IS FREE FROM

Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any

not sounding at the time of the fall.

**UNNECESSARY DRUGS** 

F 329

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP	LE CONSTRUCTION	(X3) DATE S COMPLI	
		445268	B. WING		441	16)2044
	ROVIDER OR SUPPLIER ON HEALTH AND RE	HABILITATION CENTER	73	EET ADDRESS, CITY, STATE, ZIP CODE 1 CASTLE HEIGHTS COURT EBANON, TN 37087		
4) ID EFIX AG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
323	This REQUIREME by: Based on medica and interview, the device was in plac sixteen residents i The findings include Resident #15 was November 15, 201 Pneumonia, Meta- Diabetes Mellitus, Hypertension.  Observation at the 16, 2011, at 10:00 out "someone get observation at this the floor of the sitt nurse's desk. Obs	I record review, observation, facility failed to ensure a safety e for one resident (#15) of reviewed.  Ided:  admitted to the facility on 11, with diagnoses including static Pancreatic Cancer, Generalized Weakness, and nursing desk on November a.m., revealed a visitor yelling a nurse." Continued time revealed resident #15 in ing area directly in front of the servation revealed a pressure esident's wheelchair not	F 323	4.) The data collected from the augiven to the Director of Nursing fracking and trending to be prethe Quality Assurance Committed meeting. Compliance of this sybe reviewed monthly by the Quassurance committee consisting Medical Director, Administrator of Nursing, Staff Development Coordinator, Medical Records, Pharmacist Consultant, Mainter Supervisor, Social Service Direct Activities Director, and Houseke Supervisor. Subsequent plans of correction will be developed and implemented as needed.	s for sented at ee stem will sality g of the r, Director nance cor, eeping	
	Coordinator, at the 16, 2011, at 10:10 had been confuse pressure pad alarr unassisted transfe	facility Staff Development nurse's desk on November a.m., revealed the resident d after admission and the n had been initiated to prevent rs. Continued interview at this at the pressure pad alarm was			ž .	

M CMS-2567(02-99) Previous Versions Obsolete

F 329 SS=D

483.25(I) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS

Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any

Event ID: Pl6O11

Facility ID: TN9502

F 329

If continuation sheet Page 11 of 31



VIJ 444 4353 LEBANUN HEALTH & REHAB @018/044 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED **ENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-0391 ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY D PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING B. WING 445268 11/16/2011 AME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 731 CASTLE HEIGHTS COURT EBANON HEALTH AND REHABILITATION CENTER. LEBANON, TN 37087 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION DATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) F 329 Continued From page 11 F 329 drug when used in excessive dose (including F329 Drug Regimen is free from unnecessary 12-09-11 duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of The facility will ensure that each resident's adverse consequences which indicate the dose drug regiment must be free from should be reduced or discontinued; or any unnecessary drugs. combinations of the reasons above. 1.) The medication for resident #3 and #9 Based on a comprehensive assessment of a were discontinued on 11/15/2011. resident, the facility must ensure that residents who have not used antipsychotic drugs are not 2.) The Administrator, Director of Nursing, given these drugs unless antipsychotic drug Staff Development Nurse, Regional Nurse therapy is necessary to treat a specific condition Consultant, and Medical Records did a as diagnosed and documented in the clinical 100% chart audit by 11/18/2011, on all record; and residents who use antipsychotic drugs receive gradual dose reductions, and admission orders being transcribed behavioral interventions, unless clinically correctly from the discharge orders and contraindicated, in an effort to discontinue these all medications were given as ordered. drugs.

This REQUIREMENT is not met as evidenced by:

Based on medical record review, observation, and interview, the facility failed to follow physician's orders resulting in administration of unnecessary medications for two (#3, #9) residents of sixteen residents reviewed.

The findings included:

Resident #3 was admitted to the facility on October 28, 2011, with diagnoses including Urinary Tract Infection, Severe Peripheral Artery Occlusive Disease, Parkinson's Disease, History  The licensed nursing staff was in serviced by the Staff Development Nurse/DON by 11/18/2011, on following physician orders and transcribing orders correctly to the MAR.

The nurses on 11-7 will perform 24 hour chart check on all active charts to make sure all new medication orders are transcribed correctly to the MAR. They are to make a copy of the MAR and attach to the pink TO orders for the DON to validate orders were transcribed correctly.

		AND HUMAN SERVICES & MEDICAID SERVICES	MON U	LTHUI	п α примр		@101970 APPROVED 0938-0391
TEMENT O	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LDING	LE CONSTRUCTION	(X3) DATE SU COMPLE	
		445268	B. WII	vg		11/10	6/2011
EBANON X4) ID REFIX	SUMMARY STA	ABILITATION CENTER TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	ID PREF	73°	ET ADDRESS, CITY, STATE, ZIP CODE 1 CASTLE HEIGHTS COURT EBANON, TN 37087  PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO	TION ULD BE	(X5) COMPLETION DATE
	Continued From particles of Carcinoma of Codisease.  Medical record reviews and the dated October 28, 2 was to receive Amortistop.  Medical record reviews and the record review and the reside Amoxicillin 500 mg o.m., through Nove observation on Novem a.m., revealed the review on Novem with the Interim Directation, confirmed the resident receiving the lays (an extra thirty Resident #9 was reviewed from the confirmed the record review on Novem the lays (an extra thirty Resident #9 was reviewed from the lays (an extra thirty Resident #9 was reviewed from the lays (an extra thirty Resident #9 was reviewed from the lays (an extra thirty Resident #9 was reviewed from the lays (an extra thirty Resident #9 was reviewed from the lays (an extra thirty Resident #9 was reviewed from the lays (an extra thirty President #9 was reviewed from the lays (an extra thirty President #9 was reviewed from the lays (an extra thirty President #9 was reviewed from the lays (an extra thirty President #9 was reviewed from the lays (an extra thirty President #9 was reviewed from the lays (an extra thirty President #9 was reviewed from the lays (an extra thirty President #9 was reviewed from the lays (an extra thirty President #9 was reviewed from the lays (an extra thirty President #9 was reviewed from the lays (an extra thirty President #9 was reviewed from the lays (an extra thirty President #9 was reviewed from the lays (an extra thirty President #9 was reviewed from the lays (an extra thirty President #9 was reviewed from the lays (an extra thirty President #9 was reviewed from the lays (an extra thirty President #9 was reviewed from the lays (an extra thirty President #9 was reviewed from the lays (an extra thirty President #9 was reviewed from the lays (an extra thirty President #9 was reviewed from the lays (an extra thirty President #9 was reviewed from the lays (an extra thirty President #9 was reviewed from the lays (an extra thirty President #9 was reviewed from the lays (an extra thirty President #9 was reviewed from the lays (	ew of the hospital Discharge of Universal Medication Form, 2011, revealed the resident exicillin (antibiotic) 500 mg mes a day for five days then ew of the Medication Record ent received the first dose of on October 28, 2011, at 8:00 mber 14, 2011.  Wember 14, 2011, at 11:55 resident seated in a enerapy department.  The property of Nursing, at the nursing the Amoxicillin was not ive days, resulting in the ene Amoxicillin for twelve extra	F:	329	The DON or designee will check all admission charts to make sure discionders are transcribed correctly withour of admission daily for four we and then will complete 50% admission charts for the week for four weeks, then 10% of admission charts for or month.  4.) The data collected for audits will be given to the Dire Nursing for tracking and trending presented at the Quality Assur. Committee meeting. Compliant system will be reviewed month Quality Assurance committee of the Medical Director, Admin Director of Nursing, Staff Devel Coordinator, Medical Records, Pharmacist Consultant, Mainte Supervisor, Social Service Direct Activities Director, and Housek Supervisor. Subsequent plans of correction will be developed an implemented as needed.	harge hin 24 eks, ions and ne  rom the ctor of ng to be ance nce of this ely by the consisting istrator, copment nance tor, eeping of	

Event ID: Pl6O11

Disease) 25-100 mg was not to be continued at

the facility.

		HAND HUMAN SERVICES  & MEDICAID SERVICES	ANON, H	BALTH	& KEHAL	\$		FORM OMB NO	APPR		ı
TEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUIL B. WING	DING	CONSTRUCT	TION		(X3) DATE S COMPL	URVEY ETED		
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Maria de la compania	PROVIDER OR SUPPLIER ON HEALTH AND REH	ABILITATION CENTER		731 C	~~ 2015 (1) : [2015] (1) [2] [2] [2]	CITY, STATE, Z GHTS COURT 37087			k <b>e</b>		
X4) ID 'REFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES . Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	<b>k</b>	(EACH C	IDER'S PLAN O ORRECTIVE AC FERENCED TO DEFICIEN	THE APP	ULD BE	COMP	(5) LETION ATE	
F 329	Medical record revi orders, dated Nove	ew of the facility's transcribed mber 2, 2011, revealed mg 1 PO (by mouth) TID	F- 3:	29	ಜ						
	Medication Adminis revealed the reside 25-100 mg, three ti	ew of the November 2011, stration Record (MAR) nt received the Sinemet mes a day, from November 2, through November 10, 2011,						5.6			
	November 2011, M	ew of the reverse side of the AR revealed "11/10/11 5p ests Sinemet to be held"									
	dated November 15	ew of a physician's order 5, 2011, revealed an order to emet as requested by the	(d)							n. *	
	Observation on Nov revealed the resider oxygen, with the eye	vember 15, 2011, at 5:00 p.m., int lying on the bed receiving es closed.			72	34					
333	with the Corporate I room, confirmed the transcribe the readn Sinemet, and confin		F 33	33	ē.						
	The facility must ens	sure that residents are free of cation errors.					1				

EPAR7	MENT OF HEALTH	1 AND HUMAN SERVICES 8 MEDICAID SERVICES	ANON HEAI	LTH & REHAB	OMB NO	APPROVED 44
TEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTII A. BUILDING B. WING	•	(X3) DATE S COMPLI	URVEY ETED
UE OF P	ROVIDER OR SUPPLIER	445268			1111	6/2011
		IABILITATION CENTER	7:	REET ADDRESS, CITY, STATE, ZIP CODE 31 CASTLE HEIGHTS COURT LEBANON, TN 37087		
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۵	by: Based on medical and interview, the f significant medicati of sixteen residents  The findings includ  Resident #12 was a October 11, 2011, Fibrillation, Left She History of Cardiome Pulmonary Disease Anemia. Medical re resident was discha 2011, with home he  Medical record revi to be continued at the hospital physician of the resident was to (anticoagulant) 5 m  Medical record revi orders dated Octob documentation the Warfarin, and were Nurse (RN) no long Continued review of October 11, 2011, I Nurse (LPN) #1 had reviewed the transo	record review, observation, facility failed to prevent a ion error for three (#12, #1 #8) is reviewed.  ed:  admitted to the facility on with diagnoses including Atrial oulder Hemiarthroplasty, yopathy, Chronic Obstructive as, Renal Insufficiency, and ecord review revealed the arged home on October 20, ealth services.  ew of the hospital medications the facility, signed by the on October 11, 2011, revealed receive Warfarin ag (milligrams) every day.  ew of the facility's transcribed wer 11, 2011, revealed no resident was to receive the transcribed by a Registered per employed by the facility. If the transcribed orders dated revealed Licensed Practical dalso signed as having cribed orders.	F 333	F 333 Residents Free of Significant Me The facility will ensure that residents of any significant medication erro  1.) Resident #12 was discharged fro facility to home on 10-20-2011 issues from the medication erro Resident #1 was discharged from facility to home on 11-19-2011 issues from the medication erro Resident #8 was discharged from facility to home on 11-17-2011 issues from the medication erro  2.) The Administrator, Director of Staff Development Nurse, Regic Consultant, and Medical Record 100% chart audit by 11/18/201 admission orders being transcrictorrectly from the discharge or all medications were given as of	are free ors.  om the with no or.  on the with no or.  on the with no or.  Nursing, onal Nurse ds did a 1, on all libed ders and	12-99-11
	note dated October	ew of a physician's progress 18, 2011, revealed the medical history of Atrial				

		I AND HUMAN SERVICES & MEDICAID SERVICES	ANON D	CML	TH & KEHAB		Ø022/ APPROVED . 0938-0391
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
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F 333	Continued From pa	ge 15	F3	33	1941 29		
	dated October 18, 2 (Warfarin) 5 mg by INR (laboratory test coagulation) on Oct Medical record revie October 20, 2011, n range 2.0-3.5), and the INR is 2.0-3.0 fc thromboembolic sta  Medical record revie Medication Adminis revealed no docume was administered un  Medical record revie of Care, signed by L had a follow-up appe 2011, at 1:45 p.m.  Interview on Novemi the hallway, revealed	ew of a laboratory report dated evealed INR=1.2, (reference the recommended range for or most medical and surgical tes.  ew of the October 2011, tration Record (MAR) entation the Warfarin 5 mg ntil October 18, 2011.  ew of the Post-Discharge Plan PN #2, revealed the resident pointment on October 20,			3.) The licensed nursing staff was in so by the Staff Development Nurse/ 11/18/2011, on following physici orders and transcribing orders co to the MAR.  The nurses on 11-7 will perform chart check on all active charts to sure all new medication orders a transcribed correctly to the MAR are to make a copy of the MAR are to make a copy of the MAR attach to the pink TO orders for to validate orders were transcrib correctly.  The DON or Designee will review admission MARS and MARS for neorders to ensure the medication of given as ordered on all new order times four weeks, then 50% of neorders for four weeks, and then 1 new orders for one month.	24-hour o make are a. They and the DON oed	

October 20, 2011.

resident's family member with the results of the INR to be given to the community physician on

Interview on November 15, 2011, at 11:30 a.m., with LPN #1 (nurse who checked transcription of orders from the hospital to the facility), in the conference room, confirmed had completed the second check of the transcribed orders on October 11, 2011, and confirmed the Coumadin 5 mg ordered from the hospital to the facility had not been transcribed onto the facility's physician

		I AND HUMAN SERVICES	mon. u	L ML	ARHAN W DI		M023/ APPROVED . 0938-039
TEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		AULTI	PLE CONSTRUCTION	(X3) DATE S	URVEY
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F 333	orders. Continued had overlooked the Interview on Novem with the physician, I revealed the physic October 18, 2011, s Fibrillation, realized receive Coumadin 5 mg dai Continued interview Fibrillation needed to medication to preve being passed to the Review of documen Director of Nursing revealed an omissic October 11, 2011, a Taken: Transcription	interview confirmed LPN #1	F	333	4.) The data collected from the audigiven to the Director of Nursing tracking and trending to be prethe Quality Assurance Committe meeting. Compliance of this sybe reviewed monthly by the Quasurance committee consistin Medical Director, Administrato of Nursing, Staff Development Coordinator, Medical Records, Pharmacist Consultant, Mainte Supervisor, Social Service Director, and Housek Supervisor. Subsequent plans correction will be developed an implemented as needed.	for sented at ee stem will sality g of the r, Director nance ttor, eeping of	
1	October 11, 2011, w Pneumonia, Periphe Diabetes Mellitus Ty Medical record revie dated November 1, 2 (SS) per protocol, an	mitted to the facility on ith diagnoses including and Vascular Disease, and pe II.  w of the Admission Orders 2011, revealed Sliding Scale and Accuchecks AC (before editime) per protocol.					
-	Medical record review Fracking form dated	w of the Blood Glucose October 2011, revealed the					

		H AND HUMAN SERVICES E & MEDICAID SERVICES	naoa n	L A	TIE & KEHAB		// APPROVED 0. 0938-0391	
ATEMEN	TEMENT OF DEFICIENCIES PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) N A. BU		TIPLE CONSTRUCTION  NG	(X3) DATE SURVEY COMPLETED		
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	PROVIDER OR SUPPLIER  ON HEALTH AND REF	ABILITATION CENTER		1	REET ADDRESS, CITY, STATE, ZIP CODE 731 CASTLE HEIGHTS COURT LEBANON, TN 37087		10/2011	
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	sugars 150-199. O October 27, 2011, a blood sugar was 18 Novolin R was adm Review of documer Director of Nursing revealed an omissic occurred on October 23. Endings/Action Rnot given"  Resident #8 was ac diagnoses including Fracture Femur, an Accident (stroke).  Medical record review Summary, signed be October 23, 2011, receive Coumadin (prophylaxis and Atri Medical record review dated October 23, 2 Coumadin 5mg (mill (laboratory test to mil NR 2-3.  Medical record review 23, 2011, revealed Cotober 27, 2011, at 20	deive 2 units of insulin for blood continued review revealed on at 11:30 a.m., the resident's and no documentation the ninistered as ordered.  Intation prepared by the on November 1, 2011, on of Novolin R (insulin) ar 27, 2011, at 11:30 a.m., and Taken: missed dose of Novolin dimitted to the facility with a Atrial Fibrillation, Right d History of Cerebral Vascular are wo f the hospital Discharge by the hospital physician on evealed the resident was to anticoagulant) for DVT	F	3333				A CONTRACTOR OF THE PROPERTY O

		I AND HUMAN SÉRVICES  & MEDICAID SERVICES	enon nee	TLIE & KEHAB		APPRUVEU 0938-0391	
TEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	TIPLE CONSTRUCTION .	(X3) DATE SURVEY COMPLETED		
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	ROVIDER OR SUPPLIER N HEALTH AND REH	ABILITATION CENTER		REET ADDRESS, CITY, STATE, ZIP CODE 731 CASTLE HEIGHTS COURT LEBANON, TN 37087			
(X4) (D PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
F 333	Continued From pa		F 333				
	Note dated October revealed "? Amior	ew of a Doctor's Progress 27, 2011, at 11:30 a.m., dorone, Coumadin, Lovenox redstill not getting Lovenox			38		
	Order dated Octobe documented, reveal	led "clarificationLovenox neous) daily and Cournadin 5			æ	-	
	Review of facility do Contents revealed ( Lovenox was availa	cumentation Emergency Kit Coumadin/Warfarin and ble in the E-Kit.					
	November 15, 2011 (emergency box) uti Coumadin/Warfarin	lization on and Lovenox for the resident farin and Lovenox was not			B S		
t	he 100 hallway, with charmacy had not de	ber 16, 2011, at 8:25 a.m., on LPN #2 confirmed the elivered Lovenox or sident until October 27, 2011.					
r C	5:43 p.m, by telepho esponsible for the a Coumadin on Octobe	4 on November 16, 2011, at ne, revealed LPN #4 was dministration of the er 24, 2011, and confirmed was not in the drawer I could		508	×		

Interview on November 17, 2011, at 10:15 a.m.,

PROVED 38-0391

		AND HUMAN SERVICES  & MEDICAID SERVICES	ANUN I	HEAL:	тн & квнав		Ø026/ APPROVED . 0938-039
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		445268	B. WI	NG_	· · · · · · · · · · · · · · · · · · ·	11/1	6/2011
	ROVIDER OR SUPPLIER ON HEALTH AND REH	IABILITATION CENTER		73	EET ADDRESS, CITY, STATE, ZIP CODE 31 CASTLE HEIGHTS COURT EBANON, TN 37087		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAC	-IX	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	COMPLETION DATE
F 333 F 425 SS=D	in the Director of No Nurse Consultant of ensure that the resi for October 23, 24, 483.60(a),(b) PHAF ACCURATE PROC The facility must prodrugs and biological them under an agre §483.75(h) of this p	ursing office, with the Regional onfirmed the facility could not ident received Coumadin 5mg 25, and 26, 2011.  RMACEUTICAL SVC EDURES, RPH  Divide routine and emergency als to its residents, or obtain element described in art. The facility may permit all to administer drugs if State		333 425	F 425 Pharmaceutical Svc Accurate The facility will provide routin emergency drugs and biologic residents, or obtain them unc agreement described in \$83.7 part. The facility will provide	e and cal to its ler an 75(h) of this	12-09-11
	A facility must provi (including procedure acquiring, receiving administering of all the needs of each re	de pharmaceutical services es that assure the accurate dispensing, and drugs and biologicals) to meet			pharmaceutical services to m needs of each resident.  1.) Resident #1 was discharged o 11/19/2011. The medication received and given on 10/19/  2.) A MAR to Cart Audit was com 12/07/2011 to ensure all medication	n was 2011. opleted by	

This REQUIREMENT is not met as evidenced

by: Based on medical record review and interview, the facility failed to provide pharmaceutical services in a timely manner for one resident (#1) of sixteen residents reviewed.

The findings included:

are ordered were in the facility and

3.) All licensed nurses were in serviced on 11/18/2011 to pull drugs from the emergency box in the medication room

or to notify pharmacy that the

medication is not available to send it stat

or call it in to our backup pharmacy for

available for patients.

pickup.

FORM APPROVED
OMB NO. 0938-0391

TIVIL	NO FOR MEDICAN	E & MEDICAID SERVICES			CIVIDITO	. 0000-0001
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF	PLE CONSTRUCTION 3	(X3) DATE S	
		445268	B. WING		1,1/1	6/2011
	PROVIDER OR SUPPLIER ON HEALTH AND RE	HABILITATION CENTER	73	EET ADDRESS, CITY, STATE, ZIP CODE 31 CASTLE HEIGHTS COURT EBANON, TN 37087		¥
K4) ID REFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	COMPLETION DATE
SS=D	Resident #1 was a October 17, 2011, Pneumonia, Perip Diabetes Mellitus  Medical record revidated October 17, Tradjenta (lower bidaily).  Medical record revidated Prevention Recorded the medical record revidated the medical facility was awaiting Interview with Reg November 16, 201 confirmed the medithe facility falled to timely manner.  483.60(c) DRUG FIRREGULAR, ACT The drug regiment reviewed at least opharmacist.  The pharmacist muthe attending physical regiments and these	admitted to the facility on with diagnoses including heral Vascular Disease, and Type II:  riew of the Admission Orders 2011, revealed an order for lood sugar) 5mg (milligram)  riew of the Medication cord dated October 17, 2011, cation was not given and the g arrival of the medication.  ristered Nurse (RN) #4 on 1, at 6:59 p.m., by telephone, lication was not available and acquire the medication in a REGIMEN REVIEW, REPORT ON  of each resident must be nace a month by a licensed  rist report any irregularities to clan, and the director of reports must be acted upon.	F 428	The DON or Designee will revadmission MARS and MARS for orders to ensure the medicat given as ordered on all new orders four weeks, then 50% orders for four weeks, and the new orders for one month.	or new ion was rders daily of new	
- 1	by:	NT is not met as evidenced record review and interview,		(4)	*	

A CMS-2567(02-99) Previous Versions Obsolete

Event ID: PI6O11

Facility ID: TN9502

If continuation sheet Page 21 of 31



Ø028/044

FORM APPROVED

DEPARTMENT OF HEALTH AND HUMAN SERVICES **CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-0391 ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY D PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 445268 11/16/2011 AME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 731 CASTLE HEIGHTS COURT EBANON HEALTH AND REHABILITATION CENTER LEBANON, TN 37087 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION DATE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY F 425 | Continued From page 20 4.) The data collected from the audits will F 425 be given to the Director of Nursing for Resident #1 was admitted to the facility on tracking and trending to be presented at October 17, 2011, with diagnoses including Pneumonia, Peripheral Vascular Disease, and the Quality Assurance Committee Diabetes Mellitus Type II. meeting. Compliance of this system will be reviewed monthly by the Quality Medical record review of the Admission Orders Assurance committee consisting of the dated October 17, 2011, revealed an order for Medical Director, Administrator, Director Tradjenta (lower blood sugar) 5mg (milligram) of Nursing, Staff Development daily. Coordinator, Medical Records, Medical record review of the Medication Pharmacist Consultant, Maintenance Administration Record dated October 17, 2011. Supervisor, Social Service Director, revealed the medication was not given and the Activities Director, and Housekeeping facility was awaiting arrival of the medication. Supervisor. Subsequent plans of correction will be developed and Interview with Registered Nurse (RN) #4 on implemented as needed. November 16, 2011, at 6:59 p.m., by telephone, confirmed the medication was not available and the facility failed to acquire the medication in a timely manner. F 428 Drug Regimen Review, Report Irregular, 12-09-11 483.60(c) DRUG REGIMEN REVIEW, REPORT F 428 F 428 Act On SS=D IRREGULAR, ACT ON The pharmacist will report any The drug regimen of each resident must be irregularities to the attending physician, reviewed at least once a month by a licensed and the director of nursing, and these pharmacist. reports must be acted upon. 1.) The medication was discontinued on 11-The pharmacist must report any irregularities to

RM CMS-2567(02-99) Previous Versions Obsolete

by:

the attending physician, and the director of

nursing, and these reports must be acted upon.

This REQUIREMENT is not met as evidenced

Based on medical record review and interview.

Event ID: Pl6O11

Facility ID: TN9502

visit.

to the MAR.

10-2011 for resident #9.

2.) The pharmacist reviewed all admission

charts on 11/29/2011, from previous

3.) The licensed nursing staff was in serviced by the Staff Development Nurse/DON by

11/18/2011, on following physician

orders and transcribing orders correctly

If continuation sheet Page 21 of 31



		H AND HUMAN SERVICES E & MEDICAID SERVICES			FORM	APPROVED
TEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MI A. BUIL	ULTIPLE CONSTRUCTION  LDING	(X3) DATE S	. 0938-0391 URVEY ETED
		445268	B. WIN	· · · · · · · · · · · · · · · · · · ·	11/1	6/2011
	PROVIDER OR SUPPLIER ON HEALTH AND RE	HABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 731 CASTLE HEIGHTS COURT LEBANON, TN 37087		
K4) ID REFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		HOULD BE	(X5) COMPLETION DATE
	the consultant phatranscription and a medication for one reviewed.  The findings include Resident #9 was re November 2, 2011 Fractured Femur, (Pneumonia, Urinar Disorder.  Medical record revieweds dated November 2, 2010 mthe facility.  Medical record revieweds a day).  Medical record revieweds a day).  Medical record revieweds a day).  Medical record reviewed the residence of t	rmacist failed to identify the dministration of an unordered (#9) of sixteen residents  led: led: leadmitted to the facility on with diagnoses including Cerebrovascular Accident, y Tract Infection, and Bipolar lew of the hospital physician's mber 2, 2011, revealed on to treat Parkinson's g was not to be continued at lew of the facility's transcribed mber 2, 2011, revealed lew of the facility's transcribed lew of the facility's transcribed lem of the facility is transcribed lem of the facilit	F4	The DON or Designee will review admission MARS and MARS for orders to ensure the medication given as ordered on all new ord times four weeks, then 50% of orders for four weeks, and then new orders for one month.  4.) The data collected from the audits will be given to the Director of Nursing for tract and trending to be presented the Quality Assurance Committee meeting.  Compliance of this system who be reviewed monthly by the Quality Assurance committee consisting of the Medical Director, Administrator, Director of Nursing, Staff Development Coordinator, Medical Records, Pharmacis Consultant, Maintenance Supervisor, Social Service Director, Activities Director, and Housekeeping Supervisor Subsequent plans of correct will be developed and Implemented as needed.	new n was ers daily new 10% of e king ed at	

TAA 013 444 4393 LEBANUN HEALTH & REHAB

		H AND HUMAN SERVICES E & MEDICAID SERVICES		THE WALLES	FORM	APPROVED . 0938-0391
TEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF A. BUILDING B. WING	PLE CONSTRUCTION .	(X3) DATE S COMPLI	URVEY
		445268	B. WING_		11/1	6/2011
	PROVIDER OR SUPPLIER ON HEALTH AND RE	HABILITATION CENTER	73	EET ADDRESS, CITY, STATE, ZIP CODE 11 CASTLE HEIGHTS COURT EBANON, TN 37087	*	
X4) ID REFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 428 F 431 SS=D	revealed when a Mass completed, the reviewed for accur Continued intervier Pharmacist could related to resident Review dated Now having access to the were faxed to the Consultant Pharmacist consultant Pharmacist transcription error 483.60(b), (d), (e) I LABEL/STORE DETERMINED	dedication Regimen Review e admission orders were acy along with the MAR. w revealed the Consultant not respond to questions #9's Medication Regimen ember 4, 2011, due to not ne records, and the records Consultant Pharmacist.  w on November 16, 2011, at e Consultant Pharmacist, after I information, confirmed the acist did not identify the for the Sinemet. DRUG RECORDS, RUGS & BIOLOGICALS	F 428	F 431 Drug Records, Labels/Store Dr Biological The facility will store all drugs a	-	12-09-11
	a licensed pharmac of records of receip controlled drugs in accurate reconcilia records are in orde controlled drugs is reconciled.  Drugs and biologica labeled in accordant professional princip appropriate accessi	cist who establishes a system of and disposition of all sufficient detail to enable an tion; and determines that drug r and that an account of all maintained and periodically als used in the facility must be ce with currently accepted les, and include the		biological in locked compartme proper temperature and control permit only authorized personn access to the keys.  1.) The Orange Emergency Box was and locked on 11-14-2011.  The Black Emergency Narcotic Ethe key removed from the lock 11/14/2011  2.) All storage for drugs was audited	nts under ols, and nel to have s closed Box had	
	facility must store a locked compartmen	State and Federal laws, the il drugs and biologicals in ts under proper temperature only authorized personnel to		ensure they were locked proper		

(X5) COMPLETION DATE

M APPROVED O. 0938-0391

	경기가 있는 생각하다 내가 있는 경험 하는 것이 없는 것이 없는 것이 없었다.	TH AND HUMAN SERVICES	ANUN HEA	TTH % KEHAB	FORM OMB NO	APPRO . 0938-
TEMEN'	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	TIPLE CONSTRUCTION	(X3) DATE S COMPLI	
4		445268	B. WING_		11/1	6/2011
ACCONTRACTOR	ROVIDER OR SUPPLIES	HABILITATION CENTER		REET ADDRESS, CITY, STATE, ZIP CODE 731 CASTLE HEIGHTS COURT LEBANON, TN 37087		
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F 431	permanently affixicontrolled drugs licomprehensive EControl Act of 197 abuse, except which package drug distinguantity stored is be readily detected.  This REQUIREMING by:  Based on observing medication audit, of Tennessee Phainterview, the facility of emergency medication audit, of the secured in three (212-4 Black Emer Substance) Box, Licomorphism and failed to deter the secured in three (212-4 Black Emer Substance) Box, Licomorphism and failed to deter the secured in three (212-4 Black Emer Substance) Box, Licomorphism and failed to deter the secured in three (212-4 Black Emer Substance) Box, Licomorphism and failed to deter the secured in three (212-4 Black Emer Substance) Box, Licomorphism and failed to deter the secured in three (212-4 Black Emer Substance) Box, Licomorphism and failed to deter the secured in three (212-4 Black Emer Substance) Box, Licomorphism and failed to deter the secured in three (212-4 Black Emer Substance) Box, Licomorphism and failed to deter the secured in three (212-4 Black Emer Substance) Box, Licomorphism and failed to deter the secured in three (212-4 Black Emer Substance) Box, Licomorphism and failed to deter the secured in three (212-4 Black Emer Substance) Box, Licomorphism and failed to deter the secured in three (212-4 Black Emer Substance) Box, Licomorphism and failed to deter the secured in three (212-4 Black Emer Substance) Box (212-4 Black Emer Substan	e keys.  provide separately locked, ed compartments for storage of sted in Schedule II of the prug Abuse Prevention and 6 and other drugs subject to en the facility uses single unit tribution systems in which the minimal and a missing dose can	F 431	<ul> <li>3.) All licenses nurses were in se SDC on 11/18/2011 to ensure boxes are to locked at all time are to be returned to the could delivery of narcotic boxes. The emergency box needs to be codrugs are pulled from the box. The 11-7 nurses will check the Box and Emergency box daily weeks, and weekly for one mensure they are locked and claproperly to ensure proper stomedications.</li> <li>4.) The data collected from the will be given to the Director of Moreon for tracking and trending to be at the Quality Assurance Committee consisting Medical Director, Administrator of Nursing, Staff Development Coordinator, Medical Records, Pharmacist Consultant, Mainten</li> </ul>	a all narcotic es, the keys rier after ne losed after c. e Narcotic for four onth to osed brage of audits lursing bresented littee stem will allty g of the p Director	

Orange Emergency Box

emergency boxes observed.

Observation of the Orange Emergency Box on November 14, 2011, at 10:40 a.m., in the Main Medication Room with Licensed Practice Nurse (LPN #1) revealed the emergency box was opened and not secured with a lock. Further

Supervisor, Social Service Director,

correction will be developed and

implemented as needed.

Activities Director, and Housekeeping Supervisor. Subsequent plans of

		E WEDICVID SEDVICES	MON I		HILL & KEHAB	OMB NO	0039 0301	
ENTERS FOR MEDICARE & MEDICAID SERVICES  ATEMENT OF DEFICIENCIES D PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) A A. BU		TIPLE CONSTRUCTION	OMB NO. 0938-0391 (X3) DATE SURVEY COMPLETED			
445268				ING		11/16/2011		
ME OF PROVIDER OR SUPPLIER EBANON HEALTH AND REHABILITATION CENTER					TREET ADDRESS, CITY, STATE, ZIP CODE 731 CASTLE HEIGHTS COURT LEBANON, TN 37087			
(X4) ID PREFIX TAG	X (EACH DEFICIENCY MUST BE PRECEDED BY FULL			FIX	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	ULD BE	(X5) COMPLETION DATE	
	PROVIDER OR SUPPLIER  ON HEALTH AND REHABILITATION CENTER  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		·F	43				

	TMENT OF HEALTH AND HUMAN SERVICES RS FOR MEDICARE & MEDICAID SERVICES	NUN HEALT	H & KEHAB		Ø033/044 APPROVED . 0938-0391	
TEMENT	TOF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING B. WING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
	PROVIDER OR SUPPLIER ON HEALTH AND REHABILITATION CENTER	731	EET ADDRESS, CITY, STATE, ZIP CODE 1 CASTLE HEIGHTS COURT			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	DULD BE	(X5) COMPLETION DATE	
F 431	Continued From page 25  LEB 212-2 Black Emergency Narcotic Box  Observation of the LEB 212-2 Black Emergency Narcotic Box on November 14, 2011, at 11:10 a.m., in the Main Medication Room with LPN #1 revealed the box was locked with one ribbed plastic security seal. Further observation revealed one locked metal, master lock with the key inside the lock.  Review of the contents of the LEB 212-2 Black Emergency Narcotic Box revealed Schedule II (medications with high potential for abuse) narcotic medications were stored without a double locked secured system.	F 431				
ā	Further review and audit of the contents with LPN #1 revealed the following Schedule II narcotic medications: two Morphine Sulfate 10 mg (milligram) Injections; two Meperidine 50 mg vials; two Morphine Sulfate Immediate Release 30 mg tablets; and two Oxycodone 5 mg with Acetaminophen 325 mg tablets. Review of the facility policy, Emergency Medication Supply revealed, "D. The seal is to be replaced on the box as soon as possible by a nurse with the authority to do so" Review of facility policy, Controlled Substance Medications revealed, "a. Secure the Control [Narcotic] Stat [for immediate use] Box with a double lock"  Review of the Tennessee Pharmacy Laws 2008 Edition Rule 1140-409 Emergency and Home Care Kits documented "(3) The emergency kit shall be provided sealedby authorized personnel in accordance with established					

EPARTMENT OF HEALTH AND HUMAN SERVICES

FORM APPROVED OMB NO. 0938-0391

ENIE	RS FOR MEDICAR	E & MEDICAID SERVICES				OMB NO. 0938-0391			
TEMENT OF DEFICIENCIES  PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		AND	(X3) DATE SURVEY COMPLETED			
445268			B, WI	4G		11/16/2011			
ME OF PROVIDER OR SUPPLIER EBANON HEALTH AND REHABILITATION CENTER					REET ADDRESS, CITY, STATE, ZIP CODE 31 CASTLE HEIGHTS COURT REBANON, TN 37087				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	COMPLETION DATE		
F 431	policies10. When an emergency kit is opened for any reasonthe kit shall beresealedso as to prevent risk of harm to patients"  Review of the Tennessee Pharmacy Laws 2008 Edition Rule 1140-408 Controlled Drugs documented "(3) Schedule II controlled substances which are kept within a pharmacy practice site shall be stored in a securedstructure which provides a double			431		æ			
SS=D	Interview with LPN 11:20 a.m., in the I confirmed the Orar opened and not se contents of the two Boxes were stored secured system pe Hydrocodone 10 m tablet (narcotic) wa administration in th Narcotic Box. 483.65 INFECTION SPREAD, LINENS  The facility must es Infection Control Prosafe, sanitary and to help prevent the of disease and infection Control The facility must es Program under whice	securedstructure which provides a double locked secured system"  Interview with LPN #1 on November 14, 2011, at 11:20 a.m., in the Main Medication Room, confirmed the Orange Emergency Box was opened and not secured per facility policy; the contents of the two Black Narcotic Emergency Boxes were stored without a double locked secured system per facility policy; and one Hydrocodone 10 mg with Acetaminophen 500 mg ablet (narcotic) was missing without a record of administration in the LEB 212-4 Black Emergency Narcotic Box.  183.65 INFECTION CONTROL, PREVENT SPREAD, LINENS  The facility must establish and maintain an infection Control Program designed to provide a afe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.  (a) Infection Control Program (b) Infection Control Program (c) Infection Control Program under which it— (d) Investigates, controls, and prevents infections		141	F 441 infection Control, Prevent Sprea Linens  The facility will establish and mai infection Control Program design provide a safe, sanitary and comf environment and to help the development and transmission o and infection.	ntain an ated to fortable	12-09-ll		

12/12/2011 MUN FAX 615 444 4393 LEBANON HEALTH & REHAB FORM APPROVED EPARTMENT OF HEALTH AND HUMAN SERVICES OMB NO. 0938-0391 ENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA TEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: PLAN OF CORRECTION A BUILDING B. WING 11/16/2011 445268 STREET ADDRESS, CITY, STATE, ZIP CODE ME OF PROVIDER OR SUPPLIER 731 CASTLE HEIGHTS COURT EBANON HEALTH AND REHABILITATION CENTER LEBANON, TN 37087 PROVIDER'S PLAN OF CORRECTION COMPLETION DATE SUMMARY STATEMENT OF DEFICIENCIES ID (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) F 441 F 441 Continued From page 27 1.) Resident #2 and #4 had assessment should be applied to an individual resident; and done on 11/16/2011 with no issues (3) Maintains a record of incidents and corrective actions related to infections. identified. 2.) The nurse was trained on 11/18/2011 by (b) Preventing Spread of Infection (1) When the Infection Control Program the SDC on how to follow proper determines that a resident needs isolation to infection control procedures during prevent the spread of infection, the facility must intravenous medication administration. isolate the resident. (2) The facility must prohibit employees with a The nurse was trained on 11/18/2011 by communicable disease or infected skin lesions the SDC on how to perform proper hand from direct contact with residents or their food, if hygiene during wound care. direct contact will transmit the disease. (3) The facility must require staff to wash their 3.) All licensed nurses will be in serviced by hands after each direct resident contact for which 12/07/2011 on how to follow proper hand washing is indicated by accepted infection control procedures during professional practice. intravenous medication administration and how to perform proper hand hygiene (c) Linens during wound care. Personnel must handle, store, process and transport linens so as to prevent the spread of The SDC or designee will monitor a nurse infection. weekly for our weeks, and monthly for three months to ensure they are following proper hand hygiene during wound care and proper infection control This REQUIREMENT is not met as evidenced procedures during intravenous by: medication administration. Based on medical record review, facility policy

Based on medical record review, facility policy review, observation, and interview, the facility failed to follow infection control procedures during intravenous medication administration for one (#2) and failed to perform proper hand hygiene during wound care for one (#4) of sixteen residents reviewed.

The findings included:

Resident #2 was readmitted to the facility on

Facility ID: TN9502

If continuation sheet Page 28 of 31

hands or wearing gloves.

medications administered without washing the

Observation on November 15, 2011, revealed Registered Nurse (RN) #1 providing wound care to resident #4. Observation revealed RN #1 washed the hands, applied gloves and removed a dressing from a wound on the coccyx, and

		I AND HUMAN SERVICES		1071	DIN G ABRAD		APPROVED 0938-0391	
ATEMENT OF DEFICIENCIES D PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) N A. BU		IPLE CONSTRUCTION IG	(X3) DATE SURVEY COMPLETED			
		445268	B. WI	NG_		11/16/2011		
WE OF PROVIDER OR SUPPLIER EBANON HEALTH AND REHABILITATION CENTER					REET ADDRESS, CITY, STATE, ZIP CODE 731 CASTLE HEIGHTS COURT LEBANON, TN 37087			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			IX 3	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPROPRIES OF T	ULD BE	(X5) COMPLETION DATE	
F 441	Continued From page 29 described the wound as unstageable, with purulent drainage, removed the gloves and washed the hands. Continued observation revealed RN #1 cleaned the wound with wound cleanser and a gauze pad, and without washing the hands or changing the gloves applied a clean dressing. Continued observation revealed RN #1, without changing the gloves or washing the hands removed a dressing from a surgical incision site, located on the right thigh. Continued observation revealed the incision site had six staples in place, and RN #1 cleaned the wound with wound cleanser and a gauze pad and without washing the hands or changing the gloves, applied a clean dressing.			441				
1141	Review of facility policy, Wound Care Procedure for Major Wounds, revealed "Purpose: To provide guidelines for good technique in doing wound care. Note: 'Clean technique' is used. Sterile technique would be used with fresh surgery woundsProcedureWash your handsPut gloves onRemove the soiled dressingRemove glovesWash your handsPut on clean glovesClean the woundRemove glovesPut on new glovesapply clean dressings as orderedRemove gloveswash your hands"  Interview on November 15, 2011, at 1:40 p.m., with RN #1, in the hallway, confirmed the hands were not washed and the gloves were not changed after cleaning the wounds prior to applying a clean dressing, and between cleaning the coccyx wound and the wound of the right thigh.				F 502 Administration			
F 502	483.75(j)(1) ADMIN	STRATION	F	502	The facility will provide or	obtain	12-09-11	

The facility must provide or obtain laboratory

SS=D

its residents.

laboratory services to meet the needs of

Accident (stroke).

Medical record review of the Admission Orders dated October 23, 2011, revealed an order for Coumadin (anticoagulant) 5 mg (milligram) and PT/INR (laboratory test to measure blood coagulation) daily.

Medical record review of the residents chart revealed no PT/INR's for October 25, and 26, 2011.

Interview with Licensed Practical Nurse #1 (Medical Records Director) on November 15, 2011, at 11:30 a.m., in the Medical Records Department, confirmed the PT/INR's on October 25 and 26, were not completed as ordered.

chart checks to ensure all new orders for labs are put on the lab ticker.

The DON or designee will check all admission charts to make sure discharge orders are transcribed correctly within 24 hour of admission daily for four weeks, and then will complete 50% admissions charts for the week for four weeks, and then 10% of admission charts for one month.

tM CMS-2567(02-99) Previous Versions Obsolete

Event ID: Pl6011

Facility ID: TN9502

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12/12/2011	MON	1:28	FAX	615	444	4393	LEBANON	HEALTH	&	REHA

λB FORM APPROVED. FPARTMENT OF HEALTH AND HUM OMB NO. 0938-0391 ENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA ATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: O PLAN OF CORRECTION A. BUILDING B. WING 11/16/2011 445268 STREET ADDRESS, CITY, STATE, ZIP CODE WE OF PROVIDER OR SUPPLIER 731 CASTLE HEIGHTS COURT EBANON HEALTH AND REHABILITATION CENTER LEBANON, TN 37087 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL 1D (EACH CORRECTIVE ACTION SHOULD BE (X4) ID PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) TAG 4.) The data collected from the audits will be F 502 Continued From page 30 given to the Director of Nursing for services to meet the needs of its residents. The facility is responsible for the quality and timeliness tracking and trending to be presented at the Quality Assurance Committee of the services. meeting. Compliance of this system will be reviewed monthly by the Quality This REQUIREMENT is not met as evidenced Assurance committee consisting of the by: Medical Director, Administrator, Director Based on medical record review and interview of Nursing, Staff Development the facility failed to obtain laboratory tests for one Coordinator, Medical Records, resident (#8) of slxteen residents reviewed. Pharmacist Consultant, Maintenance Supervisor, Social Service Director, The findings included: Activities Director, and Housekeeping Resident #8 was admitted to the facility with Supervisor. Subsequent plans of diagnoses including Atrial Fibrillation, Right correction will be developed and Fracture Femur, and History of Cerebral Vascular implemented as needed. Accident (stroke). Medical record review of the Admission Orders dated October 23, 2011, revealed an order for **COMPLETED ON 12/09/2011** Coumadin (anticoagulant) 5 mg (milligram) and PT/INR (laboratory test to measure blood coagulation) daily. Medical record review of the residents chart revealed no PT/INR's for October 25, and 26, 2011. Interview with Licensed Practical Nurse #1 (Medical Records Director) on November 15, 2011, at 11:30 a.m., in the Medical Records

M CMS-2567(02-99) Previous Versions Obsolete

Department, confirmed the PT/INR's on October 25 and 26, were not completed as ordered.

Event ID: Pl6011

Facility ID: TN9502

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